

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	MICROORGANISMS AND PROCESSES FOR ENHANCED PRODUCTION OF PANTOTHENATE
Attorney Docket Number::	BGI-154B
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	R.
Middle Name::	Rogers
Family Name::	Yocum
City of Residence::	Lexington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	4 Orchard Lane
City of mailing address::	Lexington

State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02420
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Middle Name::	A.
Family Name::	Patterson
City of Residence::	North Attleboro
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	'
	89 Church Street
City of mailing address::	North Attleboro
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02760
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Janice
Middle Name::	G.
Family Name::	Pero
City of Residence::	Lexington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	20 Solomon Pierce
City of mailing address::	Lexington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02420

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Theron
Family Name:: Hermann
City of Residence:: Kinnelon
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 18 Chilhowie Drive
City of mailing address:: Kinnelon
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07405

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/393826	07/03/02